

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000605

1. Entity Name

JEWETT FAMILY PARTNERS, LTD.

FILED

00 FEB 16 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2435 HOLLYWOOD BLVD., #204
HOLLYWOOD FL 33020

Mailing Address
2435 HOLLYWOOD BLVD., #204
HOLLYWOOD FL 33020-6629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2514 Hollywood Blvd.

3. Mailing Address
2514 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 508

Suite, Apt. #, etc.
Suite 508

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip Country
33020 USA

Zip Country
33020 USA

4. FEI Number
65-0809668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEWETT, CHARLES E CPA PA
2435 HOLLYWOOD BLVD., #204
HOLLYWOOD FL 33020

Name
Jewett, Charles E CPA PA
Street Address (P.O. Box Number is Not Accepted)
2514 Hollywood Blvd #508
City & State
Hollywood, FL Zip Code
33020

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. \$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000013603
NAME CHUCK'S KIDS CORP.
STREET ADDRESS 2435 HOLLYWOOD BLVD., #204
CITY - ST - ZIP HOLLYWOOD FL 33020

STREET ADDRESS 2514 Hollywood Blvd #508
CITY - ST - ZIP Hollywood, FL 33020

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/9/00

Date

954 922 5885

Daytime Phone #

CR2E003 (9/99)